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## BIB DATA SHEET

CONFIRMATION NO. 9050

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/661,557	09/15/2003	705	3626	0911.0003C	
<b>RULE</b>					
<b>APPLICANTS</b> Michael S. Katz, Bayside, NY; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/410,306 09/13/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/05/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/VALERIE LUBIN/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> EDELL, SHAPIRO & FINNAN, LLC 1901 RESEARCH BOULEVARD SUITE 400 ROCKVILLE, MD 20850 UNITED STATES					
<b>TITLE</b> Method and apparatus for capturing and analyzing individual patient clinical data					
<b>FILING FEE RECEIVED</b> 417	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	